- Home based management of lymphoedema cases and up-scaling of hydrocele operations in identified CHCs/Distt hospitals/medical colleges.

- Capacity building of health care workers for home-based management of Lymphatic filariasis cases.

Shortage of Nurses in Hospitals

1126. SHRI VARINDER SINGH BAJWA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that due to acute shortage of qualified trained nurses, the health servcies have been badly affected in the country;

(b) if so, the details thereof; and

(c) how Government propose to meet the situation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) According to the information available, there is no shortage of trained nurses in the country. So far 8.65 lakh nurses have been registered with various State Nursing Councils in India. As per an estimate, about 30,000 Nurses qualify every year. Although there is no shortage of trained nurses in the country, Government has taken several steps to further augmentation of the availability of trained nurses. These include up gradation of Schools of Nursing and Colleges of Nursing, establishment of New Nursing Colleges, financial assistance to strengthen schools and colleges of nursing, organizing continuing education programme for nursing personnel to upgrade their knowledge and skills etc. An allocation of Rs 100 crores has been done in the Tenth Five Year Plan for Development of Nursing Services in India.

UNDP report on infant mortality

1127. SHRI SANJAY RAUT:
SHRI B.K. HARIPRASAD:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the recent UNDP's human development report on increasing high infant and maternal mortality rates in the country, particularly in Maharashtra State;

(b) whether Bangladesh has fared much better in tackling infant mortality and malnutrition problems than India; and

(c) if so, the details of steps taken or proposed to be taken for reducing the growth rates of infant and maternal mortality and banish malnutrition among children in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The UNDP's Human Development Report-2005 mentions that the annual rate of decline in child mortality in India has decreased from 2.9% in 1980 to 2.3% since 1990. The report also mentions that the rate of decline in child mortality has been higher in Bangladesh than in India during this period. The UNDP report, however, does not examine the infant mortality rate. According to data on infant and child mortality rates in India available from the Sample Registration System of Registrar General of India, both infant mortality rate and child mortality rate have shown a consistent declining trend over the years. The same is also true for the State of Maharashtra where the infant mortality rate has shown a decline from 45 per thousand live births in 2001 to 42 per thousand live births in 2003.

(c) Government of India have recently launched the National Rural Health Mission which aims at providing effective health care including child health and safe motherhood services to rural population throughout the country with special focus on those states which have weak public health indicators. The mission seeks to improve access of services especially to poor women and children for equitable, affordable, accountable and effective primary health care. The Reproductive and Child Health Programme which aims at accelerating decline in infant, child and maternal mortality rates is an integral part of this mission.

Under the Reproductive & Child Health Programme interventions for improving maternal and child health are being implemented in all districts of the country. The interventions for children include Immunization against six vaccine preventable diseases, control of deaths due to diarrhoea and Acute Respriatory Infections, Prophylaxis for Vitamin A deficiency, Iron deficiency anemia and Essential Newborn Care. For the mothers the interventions include essential obstetric care; emergency obstetric care; provision of referral transport through panchayats and provisions of drugs and equipments at first referral units.